

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		0					54						
5		0					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19	/						69						
20	/						70						
21	/	/					71						
22		/					72						
23		/					73						
24		/					74						
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30	/						80						
31	/						81						
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33		/					83						
34		/					84						
35		/					85						
36	/						86						
37		/					87						
38		/					88						
39	/						89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	32						TOTAL DEP.						
TOTAL CLAIMS	39						TOTAL CLAIMS						